

GIC Coordinator, Agency Head, or Agency Address Change

Please be sure to notify the GIC of GIC Coordinator and Agency Head, e-mail, and/or agency address changes. This will ensure that the agency continues to receive GIC materials and updates. Call the GIC Operations Department extension 3061 with these changes.

The GIC sends all GIC Coordinators the following reports on a monthly or quarterly basis. Be sure to follow the enclosed procedures:

Quarterly Insurance Acknowledgement Report

The Quarterly Insurance Acknowledgment Report is an alphabetical list of employees by agency, who are insured with the Group Insurance Commission for the Basic Life, Health, Optional Life, Dental/Vision, and Long Term Disability coverage.

You may receive up to 3 acknowledgment reports:

- Health and Life coverage
- Dental/Vision
- LTD

There are also 3 separate statement of verification forms that correspond to these 3 reports, to report discrepancies to the GIC (sample forms are at the back of this section).

Each quarter, review and verify the following information shown on the report (both sections for Payroll Deduction and Direct Billed):

- ♦ GIC ID Numbers and names for all insureds should agree with your agency's records.

- ♦ Coverage for each insured should agree with your agency's records.
- ♦ The balance due for each insured should agree with your agency's records.
- ♦ Only Verify the "Balance Due GIC" if the amount is positive (+) or negative (-).
 - If the "balance due GIC" agrees with your records, do not report this information on the Statement of Verification (discrepancy report). The GIC will automatically send billing notices or refunds to the employees.
 - If the "balance due GIC" does not agree with your records, indicate the discrepancy on the Statement of Verification (discrepancy report) so that the GIC can adjust the employee's records accordingly.

1a) If the Quarterly Insurance Acknowledgement Report contains incorrect GIC-ID numbers, names, coverage, deduction amounts, or balance due GIC; please indicate these discrepancies on the Statement of Verification (discrepancy report) with the following information:

- ♦ The agency/division.
(Please be sure to indicate the "three character (alpha)" for the agency with the corresponding division number, for example, agency/division is ABC/1000).
- ♦ The premium due month (January, April, July, October).
- ♦ Check off box "Discrepancies are as listed".
- ♦ Employee's GIC ID number (as it appears on the report).

- ◆ Employee's name (last, first, middle initial).
- ◆ Explanation of discrepancy:
 - Briefly describe the discrepancy.
 - Include the date and reason for all terminations of insurance coverage.
 - Include the retirement date for an employee who has retired.
 - For an employee who is on a leave of absence without pay, include the duration of leave (with start and end dates) and reason for leave.
- ◆ Signature of Authorized Official and Date.

2a) Photocopy the Statement of Verification for your agency file.

3a) Send the **original** Statement of Verification to the Group Insurance Commission by the date requested.

1b) If the Quarterly Insurance Acknowledgement Report contains no discrepancies, please send the Statement of Verification (discrepancy report) to the Group Insurance Commission with the following information:

- ◆ The agency/division.
- ◆ The premium due month (January, April, July, October).
- ◆ Check off box "Agency has no discrepancies".
- ◆ Signature of Authorized Official and Date.

2b) Photocopy the Statement of Verification for your agency file.

3b) Send the **original** Statement of Verification to the Group Insurance Commission by the date requested.

Monthly Insurance Acknowledgment Report (MIAR) For Adjustments Bills (For Basic Life, Health, Optional Life, Dental/Vision and LTD Coverage)

The MIAR for Adjustment Bills is an alphabetical list of employees at your agency, who are insured with GIC and enrolled in a life, health, dental/vision or long term disability plan and whose premium deduction(s) are less than the coverage premiums due.

1) Every month, review and verify the balance due on this report:

- If the "balance due GIC" agrees with your records, do not report this information on the Statement of Verification (discrepancy report). The GIC will automatically send billing notices to the employees.
- If the "balance due GIC" does not agree with your records, indicate the discrepancy on the Statement of Verification (discrepancy report) so that the GIC can adjust the employee's records accordingly.

2a) If the MIAR for Adjustment Bills contains incorrect "balance due GIC" information, please indicate these discrepancies on the Statement of Verification (discrepancy report) with the following:

- ◆ The agency/division.
(Please be sure to indicate the "three characters (alpha)" for the agency with the corresponding division number, for example, agency/division is ABC/1000).
- ◆ The premium due month.
- ◆ Check off box "Discrepancies are as listed".

- ◆ Employee's GIC ID number (as it appears on the report).
 - ◆ Employee's name (last, first, middle initial).
 - ◆ Explanation of discrepancy: (briefly describe the discrepancy).
 - ◆ Signature of Authorized Official and Date.
- 3a) Photocopy the Statement of Verification for your agency file.
 - 4a) Send the original Statement of Verification to the GIC by the date requested.
- 2b) If the MIAR for Adjustment Bills contains no discrepancies, please send the Statement of Verification (discrepancy report) to GIC with the following information:
 - ◆ The agency/division.
 - ◆ The premium due month.
 - ◆ Check off box "Agency has no discrepancies".
 - ◆ Signature of Authorized Official and Date.
 - 3b) Photocopy the Statement of Verification for your agency file.
 - 4b) Send the **original** Statement of Verification to the GIC by the date requested.

The Monthly Insurance Acknowledgement Report (MIAR) for Refunds(For Basic Life, Health, Optional Life, Dental/Vision and LTD Coverage)

The MIAR for Refunds is an alphabetical list of employees at your agency, who are insured with GIC and enrolled in a life, health, dental/vision or long term disability plan and whose premium deductions are greater than the coverage premiums due.

1) Each month, review and verify the balance due on the report:

- If the "balance due GIC" agrees with your records, do not report this information on the Statement of Verification (discrepancy report). The GIC will automatically send refunds to the employees.
- If the "balance due GIC" does not agree with your records, indicate the discrepancy on the Statement of Verification (discrepancy report) so that the GIC can adjust the employee's records accordingly.

2a) If the MIAR for Refunds contains incorrect "balance due GIC", please indicate these discrepancies on the Statement of Verification (discrepancy report) with the following information:

- ◆ The agency/division.
(Please be sure to indicate the "three characters (alpha)" for the agency with the corresponding division number, for example, agency/division is ABC/1000).
- ◆ The premium due month.
- ◆ Check off box "Discrepancies are as listed".

- ◆ Employee's GIC ID number (as it appears on the report).
- ◆ Employee's name (last, first, middle initial).
- ◆ Explanation of discrepancy: briefly describe the discrepancy.
- ◆ Signature of Authorized Official and Date.

3a) Photocopy the Statement of Verification for your agency file.

4a) Send the **original** Statement of Verification to GIC by the date requested.

2b) If the MIAR for Refunds contains no discrepancies, please send the Statement of Verification (discrepancy report) to GIC with the following information:

- ◆ The agency/division.
- ◆ The premium due month.
- ◆ Check off box "Agency has no discrepancies".
- ◆ Signature of Authorized Official and Date.

3b) Photocopy the Statement of Verification for your agency file.

4b) Send the **original** Statement of Verification to GIC by the date requested.

**BASIC LIFE AND HEALTH & OPTIONAL LIFE COVERAGE
STATEMENT OF VERIFICATION
FOR HR/CMS AND UMASS AGENCIES**

(Discrepancy Report)

(NOTE: This report is to be sent to GIC every month. The actual billing document is your copy and does not have to be returned).

Please check one:

☐

Agency has no discrepancies

AGENCY/DIVISION: _____

☐

Discrepancies are as listed

PREMIUM DUE MONTH: _____

DO NOT REPORT BILLS AND REFUNDS APPEARING ON YOUR M.I.A.R. REPORT THAT ARE CORRECT. THEY WILL BE PROCESSED AUTOMATICALLY

GIC - ID Number	Name	Explanation	GIC Use Only

Note: This discrepancy report should be used to report all differences to the GIC (except Dental/Vision and LTD are reported separately). Please make as many copies as you need.

I hereby confirm that the information stated above is correct.

Signature of Authorized Official

Date



**STATEMENT OF VERIFICATION
FOR HR/CMS AND UMASS AGENCIES**

(Discrepancy Report)

(NOTE: This report is to be sent to GIC every month. The actual billing document is your copy and does not have to be returned).

Please check one:

☐

Agency has no discrepancies

AGENCY/DIVISION: _____

☐

Discrepancies are as listed

PREMIUM DUE MONTH: _____

DO NOT REPORT BILLS AND REFUNDS APPEARING ON YOUR M.I.A.R. REPORT THAT ARE CORRECT. THEY WILL BE PROCESSED AUTOMATICALLY

GIC - ID Number	Name	Explanation	GIC Use Only

Note: This discrepancy report should be used to report all LTD differences to the GIC. Please make as many copies as you need.

I hereby confirm that the information stated above is correct.

Signature of Authorized Official

Date